

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF NEW YORK

In re Gwendolyn Morrow-Lawrence , )  
Employer's Tax Identification No(s). [if any] )  
Last four digits of Social Security No(s): xxx-xx-1087 )  
Debtor )

**For Debtor:**

Payment advices are attached

Payment advices **are not** attached because debtor had no income from any employer during the 60 days prior to filing the bankruptcy petition.

Payment advices **are not** attached because debtor:

- receives disability payments
- is unemployed and does not receive unemployment compensation
- receives Social Security payments
- receives a pension
- does not work outside the home
- is self employed
- other, please explain \_\_\_\_\_

Schedule I, Line 1 Income 5,367.00

Occupation as listed on Schedule I Sterile Supply Assoc

**For Joint Debtor, if applicable:**

Payment advices are attached

Payment advices **are not** attached because debtor had no income from any employer during the 60 days prior to filing the bankruptcy petition.

Payment advices **are not** attached because debtor:

- receives disability payments
- is unemployed and does not receive unemployment compensation
- receives Social Security payments
- receives a pension
- does not work outside the home
- is self employed
- other, please explain \_\_\_\_\_

Schedule I, Line 1 Income N/A

Occupation as listed on Schedule I \_\_\_\_\_

I declare under penalty of perjury that I have read this Payment Advices Cover Sheet and the attached payment advices, consisting of \_\_\_\_\_ sheets, and that they are true and correct to the best of my knowledge, information and belief.

Signature of Debtor: /s/ Gwendolyn Morrow-Lawrence Date: June 29, 2020  
Gwendolyn Morrow-Lawrence

Signature of Joint Debtor: \_\_\_\_\_ Date: \_\_\_\_\_